



THE STATE  
of ALASKA  
GOVERNOR SEAN PARNELL

Department of  
Health and Social Services

DIVISION OF HEALTH CARE SERVICES  
Quality Assurance Unit

4501 Business Park Blvd., Suite 24, Bldg L  
Anchorage, Alaska 99503-7167  
Main: 907.334.2400  
Fax: 907.561.1684

June 20, 2014

Child's Name  
c/o Parent or Authorized Representative Name  
Address1 Address2  
City, State Zip

RE: Alaska Medicaid Coordinated Care Initiative: Reference#

Dear Parent or Authorized Representative Name,

The Division of Health Care Services (DHCS) conducts periodic reviews of how Medicaid recipients are using Medicaid services. The Division reviewed your child's services and found that they used a higher number of Medicaid Emergency Room visits when compared to other Alaska Medicaid members. Your child's Medicaid claims history showed they used the emergency room five times or more during the 18 month review period January 1, 2012 through September 17, 2013.

Normally, this over-use requires further review to determine if your child's use should be restricted to one medical provider and one pharmacy as allowed under Medicaid regulation 7 AAC 105.600. **However, instead, we are offering your child the opportunity to voluntarily participate in a new program called the Alaska Medicaid Coordinated Care Initiative (AMCCI). Please see the enclosed brochure for more information.**

By volunteering to participate in the AMCCI program, your child will receive personalized one-on-one attention and services from a case manager who will assist them to make appointments, access services, address problems, and obtain referrals to specialists, as needed. You may choose to keep your child's current providers. The AMCCI is there to help members coordinate their care in the health care system and make the most appropriate use of the benefits of the Alaska Medicaid program.

Your child's participation in the AMCCI is NOT required. If you DO NOT want your child to participate in the AMCCI, the number and type of services used by your child will be continue to be reviewed periodically and your child's use of Alaska Medicaid services *may* still be restricted if certain conditions are met under Medicaid regulation 7 AAC 105.600.

**Please check ONE of the boxes and sign below.** If you are the parent or legal guardian, you may sign on for the member.

☐ I DO want my child to participate in the AMCCI

☐ I DO NOT want my child to participate in the AMCCI

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check this box if you are signing as the legal guardian of this member ☐

**Please return this letter in the pre-paid return envelope no later than July 11, 2014, even if you do not wish your child to participate in the AMCCI.** If you decide to have your child participate in the program, you will receive a welcome packet for your child with more information and additional forms to return. If you have questions before signing up for the program, please call me or one of our Quality Assurance Team Representatives: Diana McGee at (907) 754 – 3434 or Stephanie Purcell-Reynolds at (907) 334 – 2460.

Sincerely,

Debra Taylor JD, BSN, RN  
DHCS Quality Assurance Manager  
(907) 375 - 6468